## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>8/9/2010</u>	Address:	North of 5642 Rose Rd.	
Case #:	<u>24-</u> 31 <u>760</u>		Tyner	
County:	Marshall		INDIANA	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Milydrochloric Acid Gas Generator(s): open air   Corrosive Base: open air   Other (item and location):				
Yes No *If yes, fax re	er age 18 discovered (check one) (number present)  sport to Child Protective Services t is to be faxed to the following ager	☐ Ephedrin ☐ Retail/M ☑ Other: <u>LF</u>		
	ment: Polk Twp. VFD.	Fax: <u>574-436-8717</u>		
Health Department: Marshall County		Fax: <u>(5</u> 74) Fax:		
Child Prote	ection Service: n/a	rax	-	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wamplet</u> Phone <u>574-546-4900</u>				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of score processing.
- \*\*\* This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.